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CONFIRMATION NO. 5485

<b>SERIAL NUMBER</b> 10/715,377	<b>FILING OR 371(c) DATE</b> 11/19/2003 <b>RULE</b>	<b>CLASS</b> 562	<b>GROUP ART UNIT</b> 1621	<b>ATTORNEY DOCKET NO.</b> 15014.0012
<b>APPLICANTS</b> Norbert L. Wiech, Phoenix, MD; Hsuan-Yin Lan-Hargest, Fallston, MD;				
<b>** CONTINUING DATA *****</b> This appln claims benefit of 60/427,567 11/20/2002 and is a CIP of 10/025,947 12/26/2001 which is a CON of 09/812,940 03/27/2001 ABN which is a DIV of 09/812,944 03/27/2001 PAT 6,495,719				
<b>** FOREIGN APPLICATIONS *****</b> IF REQUIRED, FOREIGN FILING LICENSE GRANTED** SMALL ENTITY ** ** 02/13/2004				
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met Verified and Acknowledged <input checked="" type="checkbox"/> Allowance Examiner's Signature <i>[Signature]</i> Initials <i>PWZ</i>		<b>STATE OR COUNTRY</b> MD	<b>SHEETS DRAWING</b> 0	<b>TOTAL CLAIMS</b> 31
<b>INDEPENDENT CLAIMS</b> 8				
<b>ADDRESS</b> 27890				
<b>TITLE</b> Treatment of lung cells with histone deacetylase inhibitors				
<b>FILING FEE RECEIVED</b> 764	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	